Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

(1) Covera	ne .	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liab		Volume (minolo)	- Change (101)
Passenger	mity i rivate		
Commercial			
Automobile Phy	eical Damag		
Private Passen			
Commercial	· -		
Liability Other T	han Auta		
-	_		
Burglary and Th Glass	_		
Fidelity	_	· · · · · · · · · · · · · · · · · · ·	
Surety	_		
Boiler and Mach	inon.		
Fire	inery		
Extended Cover	-	· · · · · · · · · · · · · · · · · · ·	
Extended Cover	age _	 	
Homeowners	ti Doril .	4.007	
Commercial Mu	u-Peni <u>4</u>	4,397	-2.8
Crop Hail			
Other Life of Ir	surance		
Does filing only Classes? If so, specify:	apply to certain	territory (territories) o	r certain
Brief description Organization, sporganization):	U 1	g follows rates of an a	advisory
•			ult from application of ne
rates.		Ansur America In:	surance Company
			ame of Company
		Shelly Hawes - As	, , ,
		,	

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

(1) Coverage	(2) Annual Premium - Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Dama	g	
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
nland Marine		
Homeowners		
Commercial Multi-Peril	5,453,600	-0.1
Crop Hail	***	
Other		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Life of Insurance		
Does filing only apply to ce Classes? If so, specify:	rtain territory (territories) o	r certain
Priof description of filing (If filing follows rates of an a	ndvison.
Brief description of filing. (In Organization, specify organization):		auvisory
*Adjusted to reflect all prior	rate changes	
**Change in Company's pre	~	ılt from application of n
rates.	Frankenmuth Mut	ual Insurance Company
rates.		ual Insurance Company me of Company
rates.		me of Company

Form (RF-3)
Form (RF-3)
SUMMARY SHEET

Change in Company's premrevision effective 9/1/20	nium or rate level produced	by rate
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+ or -) **
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		0.000/
13. Commercial Multi-Peril	587549	-0.02%
14. Crop Hail		
15. Other Line of Insurance		
Does filing only apply to certain If so, specify: N/A	in territory (territories)o	r certain classes?
Brief description of filing. (organization, specify organizat		
* Adjusted to reflect all prion ** Change in Company's premium in result from application of no	level which will	urance Company
	Name of Compa	
<u> </u>	Assistant Vice P Official - Ti	resident & Managing Actuary

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

Change in Company's premium or rate le	evel produced by rate revision effective	April 1,2013	
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>	
Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage Private Passenger Commercial			
3. Liability Other Than Auto			
Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril	160815	-1.7%	
14. Crop Hail			
15. Other			
Line of Insurance			
Does filing only apply to certain territory ((territories) or certain classes? If so, specify:	No	
Brief description of filing. (If filing follow Company is filing to adopt ISO property to	s rates of an advisory organization, specify ilings CF-2011-RLC11, CF-2011-RRU11,	organization): <u>Navigators Insurance</u>	
	A STATE OF THE STA	Lance Transfer	
*Adjusted to reflect all prior rate changes			
**Change in Company's premium level w	hich will result from application of new rates.		
	Navigators Insurance Company		
	N	ame of Company	
	Maria Sim	on Compliance Analyst	
	Iviai ja Oilii	Official – Title	

Change in Company's premiu	m or rate level produced k	oy rate
revision effective $9/1/2013$	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass	***************************************	
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	454,785	-0.29%
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain If so, specify: N/A	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization	filing follows rates of ann): Please refer to the NAIC f	nn advisory filing description
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	vel which will	
	Republic-Franklin Insur	ance Company
	Name of Compa	

- Assistant Vice President & Managing Actuary
Official - Title

H29219D

Form (RF-3)

SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change $(+ \text{ or } -)^{**}$
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		41,
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril	3,183,000	67%
4.	Crop Hail		
5.	Other		
	Line of Insurance		
oes f	iling only apply to certain territory (t	erritories) or certain classes? If so, specify:	
No	• • • • • • • • • • • • • • • • • • • •		
rief c	description of filing. (If filing follow	s rates of an advisory organization, specify	organization):
cott	sdale Indemnity Company is filing re	evised rates for the Business and Manageme	nt Liability program as well as
ew i	risk characteristic factors. These nev	v risk characteristic factors will provide for	a more comprehensive rate
		pased on Countrywide and state-specific rate	
			· · · · · · · · · · · · · · · · · · ·

Scottsdale Indemnity Company Name of Company

Dawn Weirich - Filings Analyst II Official - Title

^{**} Change in Company's premium level which will result from application of new rates.

(Change in Company's premium or rate	level produced by rate revision effect	New Business: 6/17/2013 Renewal Business: 10/21/2013
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		•
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	\$676.101	15 00/
13.	Commercial Multi-Peril	\$676,121	15.9%
14. 15.	Crop Hail Other		
13.	Line of Insurance		
Liabi	iling only apply to certain territory (ter lity increases apply to all ISO Territorierty Territory Multipliers apply by Territory	ies only for ISO GL class 60010.	oify:
Brief	description of filing. (If filing follows	rates of an advisory organization, spec	cify organization):
	lity Loss Cost Multiplier increase for A		ss history countrywide.
Prop	erty Territory Multiplier increases for a	all territories.	
			nest fire
** C	djusted to reflect all prior rate changes. hange in Company's premium level wh sult from application of new rates.		
			United States Liability Ins. Co.
			Name of Company
			dam Steficek, Senior Actuarial nalyst
			Official - Title

Form (RF-3)

(Change in Company's premium or rate	level produced by rate revision effect	ive 6/17/2013 (new); 10/21/2013 (renewal)
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto	· · · · · · · · · · · · · · · · · · ·	
4.	Burglary and Theft		
5.	Glass		
6. 7.	Fidelity		
7. 8.	Surety Boiler and Machinery		
o. 9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	\$2,277,121	0.9%
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Yes. Brief o	iling only apply to certain territory (ter We are filing Loss Cost Multiplier inc description of filing. (If filing follows re filing Loss Cost Multiplier increase	creases for 1 to 4 Family and Apartme	nts ISO GL classes.
	e state.	o to the state of	o os viacos das to poor toos motor,
* Cl	djusted to reflect all prior rate changes nange in Company's premium level wh sult from application of new rates.		
		_ <u>U</u>	United States Liability Ins. Co.
			Name of Company
		A	dam Steficek, Senior Actuarial
			nalyst
			Official - Title

Change in Company's premium revision effective 9/1/2013	n or rate level produced	by rate •
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	······	
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	513,987	-0.64%
14. Crop Hail		
15. Other		
Does filing only apply to certain If so, specify: N/A Brief description of filing. (If organization, specify organization	filing follows rates of	an advisory
* Adjusted to reflect all prior r ** Change in Company's premium lev	el which will	
result from application of new	rates.	
	Utica Mutual Insuran	
Diano	Name of Compa	ny
9.400	TIDDIDIGITO TICO .	resident & Managing Actuary
u20219h	Official - Ti	tle

Change in Company's premium or rate level produced by rate revision effective <u>9/1/2013</u>

	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11. 12.	Inland Marine		
12. 13.	Homeowners Commercial Multi-Peril	\$74,000	+2.0%
13.	Crop Hail	\$74,000	+2.076
15.	Other		
13.	Line of Insurance		
	s filing only apply to certain territory (terri Contractor classes only	tories) or certain classes? If so, specify:	
		es of an advisory organization, specify org Businessowners Contractors liability.	
			
*	Adjusted to reflect all prior rate change: Change in Company's premium level w will result from application of new rates	hich	
		Western National M	utual Insurance Company
			Name of Company

Doug Draeger, Sr. Product Development Analyst
Official - Title